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STAPHYLOCOCCI ANATOXIN

The following is based on an interview with Prof G. B. Vygodchikov, Corresponding Member, Academy of Medical Sciences USSR, on the work conducted at the Laboratory of Staphylococci Infections, Moscow Scientific Research Institute of Vaccines and Serums.

Research has proved that 85% of purulent skin diseases have a staphylococci origin. The characteristic of staphylococci skin infections is their tendency to recurrence. The actual immunity period after the disease is short, and the immunity is not very active. Sensitization symptoms are very pronounced in any staphylococcus infection. Years of laboratory research aimed at producing a persistent and active immunizing agent in the form of a corpuscular vaccine have convinced us that, regardless of the method by which the bacteria were killed, none of the suspensions of dead bacteria was effective in establishing lasting immunity. It was only after research had established the undoubted pathogenic significance of staphylococci toxin that it became possible to use immunotherapy in purulent infections.

Before utilizing immunotherapy in the prophylaxis of staphylococci diseases, a great deal of research and experimentation was necessary to determine the role of the toxin in the pathogenesis of staphylococci-caused diseases, and to find methods of obtaining staphylococci toxin and anatoxin.

Experiments demonstrated that in its immunogenic and antigenic properties, anatoxin is considerably more effective than staphylococci vaccine. Experimental and clinical observations on a large scale demonstrated that anatoxin used in immunization was very effective, developing an active anatoxic immunity against staphylococci infection, and in 75% of cases examined, an antibacterial immunity as well. Anatoxin has another advantage: it can be standardized, and its immunization effect defined in precise units. It has been proven that in cases where staphylococcus anatoxin was used, the chances of reinfection were considerably lower than in cases where other specific preparations were used. such as vaccines made of bacteria killed by various methods, products of the lysis of microbial cells, and others.

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Efforts were made to increase the immunogenic properties of the new preparation, and to decrease the number of previously required injections.

Working together with immunochemists N. Kholchev, M. Shatrova, and Laboratory Assistant E. Bauer, we isolated several components of staphylococci microbial cells. The new preparations (modifications of staphylocoeci anatoxins) made it possible to reduce the number of immunizing injections.

Staphylococci anatoxin is harmless and is well tolerated by patients.

At present, staphylococci anatoxin is used in medical prophylactic institutions. Research is being conducted on the use of new preparations in the treatment of pyodermas. There is ground to believe that definite combinations of protein components of microbial cells with staphylococci anatoxin will allow us to obtain a preparation with a higher immunogenic effect for the treatment and prophylaxis of staphylococci infections of the skin.

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